



PLANNING AND DEVELOPMENT DEPARTMENT

2600 Fresno Street, Third Floor
Fresno, California 93721-3604
(559) 621-8277 FAX (559) 498-1012

EASEMENT ENCROACHMENT APPLICATION # _____

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ Zip: _____ Telephone: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ Zip: _____ Telephone: _____

Type of Easement encroachment: _____

Address of Encroachment Site: _____

Assessor's Parcel Number: _____

Legal Description of Property: _____

☐ Provide a current Title Report (i.e., dated not more than 30 days from the date of submittal)

☐ Provide seven (7) copies of a detailed Site Plan, drawn to scale and dimensioned, showing easement and encroachment.

Describe encroaching structure: _____

Depth of Encroachment into Easement: _____

Signature of Applicant: _____ Date: _____

DEPARTMENT USE ONLY

Rec'd by: _____ Date: _____ Receipt # _____

Completed by: _____ Date: _____